## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	Smc		7/24/00	
O.I.P.E. CLASSIFIER		-76	1/2/10	
FORMALITY REVIEW	A3	551	2-31-00	
RESPONSE FORMALITY REVIEW				

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Hestricted 0							
Claim Date	Claim	Date	Claim	Date ·			
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9	59		109				
10	60		110				
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20 20 1	70		120				
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. 22	72		122				
23	73		123				
24	74		124	<del>                                      </del>			
25	75		125				
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1 32 NNNN	82	<del></del>	132	+++++			
33	83	<del>                                      </del>	133				
34	84		134				
435	85		135	<del>                                      </del>			
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39	89	<del></del>	139	<del>┤╸┤╸</del> ┤ <del>╶┤╸</del> ┼╾┼╾┼╾			
40	90		140	<del>┤┤┤</del> ┤┼┼┼┼			
. 41	91		141	<del>┤┤┤┼┞┞</del>			
42	92	<del></del>	142	╁╁┼┼┼┼┼┼			
143	93	<del></del>	143	<del>┤╸</del> ┤╶┼╌┼╌┼			
44 45	94	<del></del>	145	<del>┤╸┤╶┤┈┤┈</del> ┼╴ <del>╿╺┦┈</del>			
45	96		146	<del>                                     </del>			
	97		147				
47 48	98		148				
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50	100		150	<u></u>			

If more than 150 claims or 10 actions stapl additional sheet her

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